

Brenham State Supported Living Center
4001 Hwy 36 South, Brenham, TX 77833
Petty Cash Withdrawal Request

For Cashier Use When Funds Issued

Petty Cash Tracking No.	Amount Issued	Date
	\$	
Issuing Cashier		

For Cashier Use When Funds Returned

Amount Returned	Date	Amount Spent
\$		\$
Cashier Signature		

Charge Department No./Unit	Date Needed	Amount
		\$
Purpose of Petty Cash Withdrawal Request	Activity Date	Requestor

Vendor Information (Must be obtained before withdrawal, when known)

Vendor ID No.	Vendor Name
Address	
City/State/ZIP	
Area Code and Telephone No.	

Signature—Department/Division Head Date

Signature—Assist. Director of
Administration or Designee Date

Description of Supplies or Services

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Individuals Participating (if applicable)

Case No.	Individual's Full Name	Home	Cash Each	Cash Returned
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Responsibility Statement

I acknowledge that I have received the above amount and that the funds are to be spent for only authorized purposes. I acknowledge that I am responsible for all monies received until receipts and unused cash are returned to the cashier or transferred to the next person.

Signature—Unit Representative Receiving Cash Date

Receiver	Amount	Date	Receiver	Amount	Date
	\$			\$	
Receiver	Amount	Date	Receiver	Amount	Date
	\$			\$	

I understand that I am responsible for the safe handling and/or appropriate spending of this cash.

Signature—Witness Observing the Placement of
Receipts and Change in Secured Lock Box Date _____
Employee Making Return \$ Amount

For additional information, see attached trip sheet.